

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: SPECIALTY TRUST, INC.		Case Number: 10-51432-GWZ
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property). P. NADENE LACKEY		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: C/O BARBER KARP & ASSOCIATES 557 WASHINGTON STREET, RENO, NV 89503		Court Claim Number: _____ (If known)
Telephone number: (775) 323-6464		Filed on: _____
Name and address where payment should be sent (if different from above): SAME AS ABOVE		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ _____		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		
If all or part of your claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <u>SHARES OF COM STK.</u> (See instruction #2 on reverse side.)		Specify the priority of the claim.
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3a. Debtor may have scheduled account as: <u>27080.65</u> (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).
Value of Property: \$ _____ Annual Interest Rate _____ %		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__). Amount entitled to priority: \$ _____
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain: _____		
Date: 08/12/2011	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
S/S P NADINE LACKEY by ROBERT H. BROILI, ATTORNEY FOR DEBTOR		FOR COURT USE ONLY

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Lackey, P. Nadene Trust
 P. Nadene Lackey Trust
 P. Nadene Lackey, Trustee
 10621 Vista Bella Lane
 Reno, NV 89511

May 05, 2011
 Account No. 10187

Specialty Trust, Inc. Common Stock
 Statement of Activity For Quarter Ending July 30, 2011

Cash Shares 9,486.89	DRIP Shares 10,283.76	Total Shares 19,770.65
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Date	Description	Dividend Amount	Shares Reinvested	Total Shares
	Balance Forward			19,770.65
	Ending Balance			19,770.65

Dividend Per Share 0.0000	Dividends Paid \$0.00	Dividends Reinvested 0.00
Cash Shares 9,486.89	DRIP Shares 10,283.76	Total Shares 19,770.65
Total Dividends This Quarter \$0.00		

Lackey, P. Nadene IRA
 P. Nadene Lackey IRA 1101-4903-6984
 RBC Dain Rauscher Inc. Cust. Lackey
 Attn: Alternative Investments M08
 510 Marquette Ave. South
 Minneapolis, MN 55402

May 05, 2011
 Account No. 11115

Specialty Trust, Inc. Common Stock
 Statement of Activity For Quarter Ending July 30, 2011

Cash Shares	DRIP Shares	Total Shares
7,310.00	0.00	7,310.00

Date	Description	Dividend Amount	Shares Reinvested	Total Shares
	Balance Forward			7,310.00
	Ending Balance			7,310.00

Dividend Per Share 0.0000	Dividends Paid \$0.00	Dividends Reinvested 0.00
Cash Shares 7,310.00	DRIP Shares 0.00	Total Shares 7,310.00
Total Dividends This Quarter \$0.00		